

ENCLOSURE C

WEEKLY DISEASE AND NON-BATTLE INJURY (DNBI) REPORT INSTRUCTIONS

1. Disease and Non-Battle Injury Rates - The Vital Signs of the Unit

a. Disease and non-battle injury (DNBI) rates are an important tool at the unit level. The DNBI report summarizes the weekly DNBI data rates and provides baseline rates for comparison. Abnormal rates indicate a problem exists which could negatively impact readiness and indicates preventive medicine countermeasures need to be implemented. Unit data must be reported weekly (ending Saturday 2359 hrs local) via command channels through the JTF Surgeon to the Combatant Command Surgeon. Additionally, DNBI data must be simultaneously reported to the Service Surveillance Centers for further analysis and to the DMSS for repository purposes. Service Health Surveillance Centers (AFIERA, NEPMU, and CHPPM) further analyze DNBI data, identifying adverse trend and reporting health threat anomalies to the JTF/Combatant Command Surgeon. The supported Combatant Command Surgeon will release DNBI reports to the Joint Staff and the Services/components when significant medical threats are encountered.

b. The DNBI report is based on unit logs, which must record at a minimum the following information on every patient encounter. Some information required for record as part of the DNBI data collection (e.g. name, SSN, gender, unit, etc.) is not required for completion of the "Weekly DNBI Report". The purpose of collecting this information is to allow local medical authorities to quickly review pertinent data that describes the occurrence of medical events. This is particularly useful for investigation of outbreaks or other medical problems, which may occur during the deployment. Information sources for the DNBI report include the sick call log, electronic patient record, and accident reports:

- (1) Patient's name, SSN, gender, unit, unit identification code (UIC), and duty location.
- (2) Type of visit - new, follow-up, or administrative.
- (3) Primary complaint.
- (4) Final diagnosis.
- (5) Injuries, a classification into recreation/sports, motor vehicle accident (MVA), work/training, or other.
- (6) Final disposition into one of the following categories:
 - Full duty.

- Light duty (number of days).
- Sick in quarters (number of days).
- MTF in-patient admissions (number of days).

(7) DNBI category (case definitions provided at the end of this enclosure).

c. Sick call logbooks, electronic patient records, and other records of raw data compiled to create the DNBI report must be retained by the medical unit at the conclusion of the deployment for at least one-year. Medical units will forward copies of all deployment sick call logs annually to DMSS for archiving.

2. DNBI report instructions.

a. Record the administrative data in the spaces provided at the top of the “Weekly DNBI Report” form, located at the end of this enclosure. Obtain average troop strength for the reporting period from the S-1/J-1.

b. Review the sick call log and add up the total number of new cases (excluding follow-ups) seen during the week in each DNBI category. Fill in the appropriate block. Add up the total DNBI and record the number in the space provided.

c. To calculate DNBI rates, divide the total number of patients seen in each category by the average troop strength, and multiply by 100. For the gynecologic category, the FEMALE troop strength must be used to calculate the rate, not the total troop strength. Remember to calculate an overall DNBI total rate.

Example. If there were 20 dermatological cases this week in 500 troops, the DNBI rate (percent) for dermatological cases would be calculated as follows:

$$DNBI\ (%) = \left(\frac{\#Patients}{\#Troops} \right) \times 100$$

$$DNBI_{derm}\ (%) = \left(\frac{20}{500} \right) \times 100$$

$$DNBI_{derm}\ (%) = (0.04) \times 100$$

$$DNBI_{derm}\ (%) = 4\%$$

d. Next, add up the total number of estimated light duty days, lost workdays (total of sick-in-quarters days plus in-patient admission days), and MTF in-patient admissions in each category, and fill in the appropriate block.

e. Compare calculated rates for each category with the suggested reference rate for that category (comment is required under the section “Problems Identified - Corrective Actions” for all categories where rates are above the suggested reference rate). When comparing rates, keep the following information in mind:

(1) The suggested reference rates are only approximate and should be used as a rough guide only. The combatant command or JTF Surgeon may modify the “Suggested Reference Rates” based upon theater/deployment specific trends. Establishing statistical confidence levels of 2 and 3 standard deviations is desirable when sufficient DNBI data has been collected.

(2) Exceeding a rate by 0.1 percent is not necessarily an indication of a significant problem. Rates between 2 and 3 standard deviations should heighten surveillance. Rates exceeding 3 standard deviations indicate that there is a health problem requiring urgent attention, possible intervention, and reporting to the JTF/Combatant Command Surgeon.

(3) The individual suggested reference rates are not intended to add up to the total DNBI suggested reference rate. An individual category could have a high rate without causing the total rate to exceed the reference rate - attention to the individual category is appropriate and necessary in this situation. Alternatively, the total DNBI rate could be high without causing individual categories to exceed their reference rates - attention to systemic problems causing general sick call visits to rise is appropriate and necessary in this situation.

(4) Use common sense in interpreting the DNBI rates. Track DNBI rates over time and compare current DNBI rates with your unit's past DNBI rates for comparable situations.

3. Report weekly DNBI data to the unit commander and to medical personnel at higher echelons (as noted in the first paragraph of these instructions). The combatant command is the releasing authority for all reportable DNBI outcomes. Service centers will coordinate with theater medical surveillance teams, if deployed, or JTF surgeon when adverse trends occur. The theater surveillance teams will augment organic preventive medicine units to investigate the cause of the adverse DNBI incident.

CASE DEFINITIONS

Notes:

1. Count only the initial visit. Do not count follow-up visits.
2. All initial sick call visits should be placed in a category. Some patients with multiple ailments may need to be counted in multiple categories.
3. If in doubt about which category, make the best selection.
4. Estimate days of light duty, lost workdays, or admissions resulting from initial visits.

Combat/Operational Stress Reactions – Includes acute debilitating mental, behavioral, or somatic symptoms thought to be caused by operational or combat stressors, that are not adequately explained by physical disease, injury, or a preexisting mental disorder, and that can be managed with reassurance, rest, physical replenishment, and activities that restore confidence.

Dermatological - Diseases of the skin and subcutaneous tissue, including heat rash, fungal infection, cellulitis, impetigo, contact dermatitis, blisters, ingrown toenails, unspecified dermatitis, etc. Includes sunburn.

Gastrointestinal, Infectious - All diagnoses consistent with infection of the intestinal tract. Includes any type of diarrhea, gastroenteritis, “stomach flu,” nausea/vomiting, hepatitis, etc. Does NOT include non-infectious intestinal diagnoses such as hemorrhoids, ulcers, etc.

Gynecological - Menstrual abnormalities, vaginitis, pelvic inflammatory disease, or other conditions related to the female reproductive system. Does not include pregnancy.

Heat/Cold Injuries - Climatic injuries, including heat stroke, heat exhaustion, heat cramps, dehydration, hypothermia, frostbite, trench foot, immersion foot, and chilblain.

Injuries, Recreational/Sports - Any injury occurring as a direct consequence of the pursuit of personal and/or group fitness, excluding formal training.

Injuries, Motor Vehicle Accidents - Any injury occurring as a direct consequence of a motor vehicle accident.

Injury, Work/Training - Any injury occurring as a direct consequence of military operations/duties or of an activity carried out as part of formal military training, to include organized runs and physical fitness programs.

Injury, Other - Any injury not included in the previously defined injury categories.

Ophthalmologic - Any acute diagnosis involving the eye, including pink-eye, conjunctivitis, sty, corneal abrasion, foreign body, vision problems, etc. Does not include routine referral for glasses (non-acute).

Psychiatric, Mental Disorders - Debilitating mental, behavioral or somatic symptoms that meet diagnostic criteria for or have been previously diagnosed as a psychiatric/mental disorder. Does NOT include symptoms due to identified physical disease or injury, or symptoms better explained as a transient combat/operational stress reaction.

Respiratory - Any diagnosis of the: lower respiratory tract, such as bronchitis, pneumonia, emphysema, reactive airway disease, and pleurisy; or the upper respiratory tract, such as "common cold," laryngitis, tonsillitis, tracheitis, otitis and sinusitis.

Sexually Transmitted Diseases - All sexually transmitted infections including chlamydia, HIV, gonorrhea, syphilis, herpes, chancroid, and venereal warts.

Fever, Unexplained - Temperature of 100.5°F or greater for 24 hours, or history of chills and fever without a clear diagnosis (this is a screening category for many tropical diseases such as malaria, dengue fever, and typhoid fever). Such fever cannot be explained by other inflammatory/infectious processes such as respiratory infections, heat, and overexertion.

All Other, Medical/Surgical - Any medical or surgical condition not fitting into any category above.

Dental - Any disease of the teeth and oral cavity, such as periodontal and gingival disorders, caries, and mandible anomalies.

Miscellaneous/Administration/Follow-up - All other visits to the treatment facility not fitting one of the above categories, such as profile renewals, pregnancy, immunizations, prescription refills, and physical exams or laboratory tests for administrative purposes.

Definable - An additional category established for a specific deployment based upon public health concerns (e.g., malaria, dengue, airborne/HALO injuries, etc.).



WEEKLY DNBI REPORT



Unit/Command: _____ Troop Strength: _____

Dates Covered: _____ (Sunday 0001) Through _____ (Saturday 2359)

Individual Preparing Report: _____

Phone: _____ E-Mail: _____

CATEGORY	INITIAL VISITS	RATE	SUGGESTED REFERENCE RATE	DAYS OF LIGHT DUTY	LOST WORK DAYS	ADMITS
Combat/Operational Stress Reactions			0.1%			
Dermatologic			0.5%			
GI, Infectious			0.5%			
Gynecologic			0.5%			
Heat/Cold			0.5%			
Injury, Recreational/Sports			1.0%			
Injury, MVA			1.0%			
Injury, Work/Training			1.0%			
Injury, Other			1.0%			
Ophthalmologic			0.1%			
Psychiatric, Mental Disorders			0.1%			
Respiratory			0.4%			
STDs			0.5%			
Fever, Unexplained			0.0%			
All Other, Medical/Surgical						
TOTAL DNBI			4.0%			
Dental		XXXXXX				
Misc/Admin/ Follow-up		XXXXXX				
Definable						
Definable						

Problems Identified: _____ Corrective Actions: _____
